



**CARRY CONCEALED DEADLY WEAPONS**  
**CERTIFICATION OF OUT-OF-STATE CONCEALED CARRY LICENSE**

Pursuant to KRS 237.110, I am submitting the information provided below to validate my out-of-state concealed carry license. As a new resident, with a concealed carry license from a reciprocal state, I understand that I am required by statute to deliver this form and accompanying documents by registered or certified mail, return receipt requested, to the address indicated, within sixty days of moving to Kentucky. The license issued by the other state shall be considered invalid after the first one hundred twenty days of my residence in Kentucky, or earlier upon issuance of a Kentucky concealed deadly weapon license.

PLEASE PRINT

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Last Name: \_\_\_\_\_ Filial: \_\_\_\_\_ (Jr., Sr., I, II, III)

US Citizen: Yes / No (Please Circle) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

**IF NOT A U.S. CITIZEN, KSP FORM 131 IS REQUIRED.**

**Current Kentucky Address**

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

City: \_\_\_\_\_ State: KY Zip Code: \_\_\_\_\_

Date of KY Residency: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Previous Out-of-State Address**

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Out-of-State Concealed Carry License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Issuance: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please attach a photocopy of your out-of-state license to carry a concealed deadly weapon.

**ACKNOWLEDGMENT BY APPLICANT**

I hereby attest that to the best of my knowledge my license to carry a concealed deadly weapon is valid and in compliance with applicable out-of-state law, and has not been revoked or suspended for any reason except for valid forfeiture due to departure from the issuing state.

**Applicant Affidavit**

I certify under oath and under penalty of law that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

The foregoing instrument was sworn to and acknowledged before me by Applicant this \_\_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year).

\_\_\_\_\_  
*Notary Public, State at Large*      *My commission expires:* \_\_\_\_\_

This form and accompanying documents must be sent to the address indicated below by registered or certified mail, return receipt requested.

Kentucky State Police  
Carrying Concealed Deadly Weapons  
Criminal Identification & Records Branch  
1266 Louisville Road  
Frankfort, KY 40601